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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

RECD S.E.C. JAN 1 2 2006

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NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL

OMB Number: 3235-0076 Expires: March 30, 2008 Estimated average burden hours per form......1

SEC USE ONLY



Name of Offering (check if this is an amendment and name has changed, and indicate change.)									
Offering of Series E Preferred Stock; the exchange of existing Preferred Stock for Series A-2, B-2, C-2, and D-2 Preferred Stock in connection with the purchase of Series E Preferred Stock; and the underlying shares of Common Stock issuable upon conversion of the Preferred Stock.									
Filing Under (Check box(es) that apply):	☐ Rule 504	□ Rule	505	Rule 506	☐ Sect	ion 4(6)	ULOE		
Type of Filing:	X	New Fili	ng	[☐ Amend	ment			
A. BASIC IDENTIFICATION DATA									
1. Enter the information requested about	it the issuer								
Name of Issuer (check if this is an amo	ndment and name has changed, and	indicate ch	ange.)						
Primarion, Inc.									
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)									
2780 Skypark Drive, Ste. 100, Torrance, CA 90505 (310) 602-5500									
Address of Principal Business Operations (Number and Stræt, City, State, Zip Code) (if different from Executive Offices) Telephone Number (Including Area Code)									
Brief Description of Business			F F S	1					
Data transmission equipment design a	and manufacture		FEB 0	2 2006 8					
Type of Business Organization									
	☐ limited partnership, already fo	rmed			🗆 other (ple	ease specify):			
☐ business trust	☐ limited partnership, to be form	ed							
Actual or Estimated Date of Incorporation		<u>Month</u> May	<u>Ye</u> 199	_					
Jurisdiction of Incorporation or Organizat	ion: (Enter two-letter U.S. Posta	I Service abl	reviation for	State:	☐ Actual	X	Estimated		
varisal clon of monporation of Organizat	CN for Canada; FN for other					DE			

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an semption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the formation requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	■ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner				
Full Name (Last Banahan, Thom	name first, if individual)								
	idence Address (Number and thers Inc., 155 Linfield Drive,								
Check Box(es) that Apply:	Promoter	🗵 Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner				
Full Name (Last Bodine, Peter	name first, if individual)			N.					
	idence Address (Number and Sology Partners, 2370 Watson C	Street, City, State, Zp Code) Court, Suite 200, Palo Alto, CA	94303						
Check Boxes that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	ĭ Director	General and/or Managing Partner				
Full Name (Last Everett, Carl	t name first, if individual)								
	idence Address (Number and snc., 2780 Skypark Drive, Ste.								
Check Boxes that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or Managing Partner				
Welch, David	t name first, if individual)								
	idence Address (Number and 22 Bordeaux Drive, Sunnyvale								
Check Boxes that Apply:	Promoter	☐ Beneficial Owner	☒ Executive Officer	☑ Director	General and/or Managing Partner				
Van Dell, Ron	t name first, if individual)								
	idence Address (Number and nc., 2780 Skypark Drive, Ste.								
Check Boxes that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner				
Full Name (Last name first, if individual) Accel Partners and affiliated entities									
Business or Residence Address (Number and Street, City, State, Zip Code) 428 University Avenue, Palo Alto, CA 94301									
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner				
Full Name (Last name first, if individual) Lehman Brothers Venture Capital Partners and affiliated entities									
	idence Address (Number and ive, Menlo Park, CA 94025	Street, City, State, Zip Code)							

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A. BASIC IDENTIFICATION DATA (continued)											
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner						
Full Name (Las Intersil Corpora	t name first, if individual)										
Business or Res		Street, City, State, Zip Code)									
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner						
·	Full Name (Last name first, if individual) APV Technology Partners and affiliated entities										
	idence Address (Number and ourt, Suite 200, Palo Alto, CA										
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner						
Full Name (Las Innes, Tom	t name first, if individual)										
	idence Address (Number and nc., 2780 Skypark Drive, Ste.	Street, City, State, Zip Code) 100, Torrance, CA 90505									
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner						
Full Name (Las Kennedy, John	t name first, if individual) B.										
	idence Address (Number and nc., 2780 Skypark Drive, Ste.										
Check Boxes that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner						
	t name first, if individual) nal Holding Limited										
		Street, City, State, Zip Code) oad, Neihu, Taipei, Taiwan, RO	DC								
Check Boxes that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner						
Full Name (Las W Capital Parti	t name first, if individual) ners, L.P.										
	sidence Address (Number and eet, 5 th Floor, New York, N.Y.	Street, City, State, Zip Code)									
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner						
Full Name (Las	t name first, if individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)											
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner						
Full Name (Las	t name first, if individual)										
Business or Re	sidence Address (Number and	Street, City, State, Zip Code)									

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1.	Has the issuer sold, or does the issuer intend to sell, to nonaccredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.								Y	Yes NoX_			
2.	2. What is the minimum investment that will be accepted from any individual?									*******	\$ <u>N/A</u>		
3.	3. Does the offering permit joint ownership of a single unit?									Ү	es <u>X</u> N	o	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full	Name (Last	name first, if	individual)										
N/A													
Bus	iness or Res	idence Addre	ss`(Number a	and Street, C	City, State,	Zip Code)							
N !		4. 1 D . 1	Deel										
Nan	ie of Associ	ated Broker o	r Dealer										
Stat	es in Which	Person Listed	l Has Solicit	ed or Intend	s to Solici	t Purchasers							
		-											All States
[AL		[AK]	[AZ]	[AR]	[CA]	[CO]	(CT)	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	=	[IN]	[IA]	[KS]	[KY]	(LA)	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M]	`}	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
JRIJ		[SC]	[SD]	JTNJ	[TX]	JUT]	[VT]	JVAJ .	JVAJ	JWVJ	įwij	JWYJ	[PR]
Full	Name (Last	name first, if	individual)										
Dua	in ago or Dag	idanas Addras	o Alumbar	and Street C	lity State	Zin Code)	 						
Dus	mess of Res	idence Addres	ss (Number 2	ind Street, C	nty, State,	Zip Code)							
Nan	ne of Associ	ated Broker o	r Dealer										
Stat	es in Which	Person Listed	l Has Solicit	ed or Intend	s to Solici	t Purchasers							
(Ch	eck "All Star	tes" or check	individual S	tates)					••••	***************************************			All States
[AL	•	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DĒ]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]		[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M]		[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	OK	[OR]	[PA]
[RI]		[SC] name first, if	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]
Full	Name (Last	nan e mst, n	marviduai)										
Bus	iness or Res	idence Addre	ss (Number a	and Street, C	City, State,	Zip Code)							
Nan	ne of Associ	ated Broker o	r Dealer										
Stat	es in Which	Person Listed	1 Has Solicit	ed or Intend	s to Solici	t Purchasers	· · · · · · · · · · · · · · · · · · ·						
		tes" or check											All States
[AL		[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	-	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
IM		[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[VA]	[WV]	[WI]	[WY]	[PR]

B. INFORMATION ABOUT OFFERING

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Ι,	Enter the aggregate offering price of securities included in this offering and the total amount already transaction is an exchange offering, check this box and indicate in the columns below the amounts of the transaction of the columns below the amounts of the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the transaction is an exchange of the columns below the amounts of the transaction is an exchange of the columns below the amounts of the columns below t	the securities offered for Aggregate		ange and aiready exchar Amount Aiready
	D.L.	Offering Price		Sold
	Debt	\$		\$
	Equity: Series E Preferred Stock	\$ 11,375,800.00		\$10,000,000.36
	Common Preferred			
	Equity: Series A-2, B-2, C-2, D-2 Preferred Stock in exchange for existing Preferred Stock	\$ 01		\$01
	Convertible Securities (including warrants)	\$		\$
	Partnership Interests	\$		\$
	Other (Specify)	\$		\$
	Total	\$ 11,375,800.00		\$10,000,000.36
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number		Aggregate
		Investors		Dollar Amount
				of Purchases
	Accredited Investors	12		\$ <u>10,000,000.36</u>
	Non-accredited Investors	0		\$ <u>0</u>
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.			•
•	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C- Question 1.	,		
		Type of		Dollar Amount
		Security		Sold
	Type of Offering			
	Rule 505			\$
	Regulation A			\$
	Rule 504			\$
	Total			\$
•	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$
	Printing and Engraving Costs			\$
	Legal Fees		X	\$ 60,000.00
	Accounting Fees			\$
	Engineering Fees			\$
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (Identify)			\$

X

\$ 60,000.00

¹ In connection with the sale of Series E Preferred Stock, shares of Series A-2, B-2, C-2 and D-2 Preferred Stock were issued in exchange for shares of existing Preferred Stock, with no cash proceeds realized by the Issuer.

C. OFFERING PRICE, NUMBER OF IN	VESTORS, EXPENSES AND	USE OF PROCEEDS	
 Enter the difference between the aggregate offering price given in resin response to Part C – Question 4.a. This difference is the "adjusted given by the control of the cont	sponse to Part C - Question 1 an	d total expenses furnished	\$ 11,315,800.00
 Indicate below the amount of the adjusted gross proceeds to the issuer us If the amount for any purpose is not known, furnish an estimate and cl payments listed must equal the adjusted gross proceeds to the issuer set for 	neck the box to the left of the e	estimate. The total of the	
		Payment to Officers, Directors, & Affiliates	Payment To Others
Salaries and fees		□ s	□ \$
Purchase of real estate		□ s	□ s
Purchase, rental or leasing and installation of machinery and equipment		□ \$	□ s
Construction or leasing of plant buildings and facilities			□ s
Acquisition of other businesses (including the value of securities involved in in exchange for the assets or securities of another issuer pursuant to a merger). Repayment of indebtedness		□ s	□ s
Working capital		□ s	□ \$
Other (specify):		□ s	⊠ \$ <u>11,315,800.00</u>
Other (specify):		 \$	□ s
	***************************************	□ \$	□ s
Column Totals		⋈ \$0	⊠ \$ <u>11,315,800.00</u>
Total Payments Listed (column totals added)		X \$ 11,315	,800.00
D. FEDI	ERAL SIGNATURE		
The issuer had duly caused this notice to be signed by the undersigned duly as an undertaking by the issuer to furnish to the U.S. Securities and Exchange Conon-accredited investor pursuant to paragraph (b)(2) of Rule 502.	uthorized person. If this notice is ominission, upon written request	is filed under Rule 505, the of its staff, the information	following signature constitutes furnished by the issuer to any
Issuer (Print or Type) Primarion, Inc.	Signature	- Kennet	Date January (a), 2006
Name of Signer (Print or Type)	Title of Signer (Print or Type)		L
John B. Kennedy	Secretary		S

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)